## California Department of Fish and Game No Effect Determination Request Form

Date Submitted:	
Applicant Name:	
Applicant Address:	
Project Title:	
California Environmental Quality Act (CEQA)	Lead Agency:
<b>CEQA Document Type</b> (the type of document writte Agency):	n for your project by the CEQA Lead
Negative Declarat	ion
Mitigated Negative	e Declaration
Environmental Im	pact Report
State Clearinghouse Number and/or local age (UP#, Tract#, etc.)	ency project/case number:
<b>Project Location</b> (Include the street address, lat/long description that clearly indicates the location of the project map of the project site):	

